

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38	1					
39	1					
40		1				
41		2				
42		2				
43	1					
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	70					
TOTAL CLAIMS	77					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		2				
61		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						